



# California National Guard Education Assistance Award Program Academic Year 2010-2011



## Statement of Understanding for RENEWALS

PRINT NAME (LAST, FIRST M.)	RANK
The Statement of Understanding highlights the California Education Code Chapter 2 of Part 42 of Division 5 of Title 3, commencing with section 69999.10 pertaining to the application and participation in the California National Guard Education Assistance Award Program (CNG EAAP). The Statement of Understanding is to assure that you are aware of critical information that affects your participation in the program should you be selected.	

**TO BE COMPLETED BY THE APPLICANT:** (Initial in the box after reading each element.)

I hereby acknowledge, understand, and agree that:

- a. I received a California National Guard Education Assistance Award Program last academic year. ☐
- b. I must continue to adhere to all application, program, and institutional deadlines. ☐
- c. My enlistment obligation takes precedence over my academic work. Military duties may require me, temporarily; to interrupt my academic program to serve annual training periods, active duty training exercises, required service school, state active duty, mobilizations, or other active military service. ☐
- d. I will continue to remain an active member of the California National Guard, State Military Reserve, or the Naval Militia. I understand the term "active member" to be my full conformance to the military standards for attendance, personal appearance, weight, discipline, and any other standard established by military regulations. ☐
- e. My receipt of award payments for the CNG EAAP is subject to the availability of funds authorized by the approved/adjusted annual Budget Act. ☐
- f. I must complete and submit the Statement of Understanding for Renewals. The Statement of Understanding for Renewals must be reviewed and certified by my Company Commander. ☐
- g. I agree to use the award to obtain a certificate, degree, or diploma not currently held. ☐
- h. I must continue to be enrolled and attend an eligible institution for a minimum of 3 academic units per semester, or the equivalent, for continued eligibility in the program. ☐
- i. I must continue to maintain at least a 2.0 cumulative grade point average at an eligible institution. ☐
- j. If I attend an eligible community college, I may be awarded up to the maximum of the Cal Grant B award; ☐

If I attend an eligible University of California, California State University, or an eligible non-public institution, I may be awarded up to the maximum of the Cal Grant A award;

If I attend an eligible institution for graduate studies, I may be awarded up to the maximum of the Cal Grant A award plus \$500.00 for books and supplies.

- k. I am responsible for reporting educational benefits I receive from all student financial aid and educational benefits pursuant to the federal Montgomery GI Bill or any other federal educational benefits program for veterans. I must report any changes in benefits to the CNG EAAP Coordinator. ☐

- l. The program will be available for the equivalent of 4 full-time academic years. Upon receiving an award in the CNG EAAP, my eligibility will decrease incrementally based on my academic status (i.e., quarter time, half-time, three-quarter time, or full-time). Eligibility will be figured with 400% signifying 4 full-time academic years. As the award is utilized, the percentage will decrease as stated in the schedule below:

- Full-time Semester or Trimester 50%
- Full-time Quarter 33.33%
- Part-time
  - i. Semester or Trimester
    - Three-quarter 37.5%
    - Half-time 25%
    - Quarter-time 12.5 %
  - ii. Quarter
    - Three-quarter 25%
    - Half-time 16.67%
    - Quarter-time 8.33%

I may receive benefits up until my 400% of eligibility runs out or I become ineligible to remain in the program. I understand that there are allowances for educational programs that require a 5<sup>th</sup> year of instruction, contingent upon funds being authorized and available.

- m. I am not eligible to receive both a CNG EAAP award and a Cal Grant award the same academic year.

- n. I certify all funds received will be used for education related expenses.

2010-11 Renewal Educational Plan Information			
INSTITUTION NAME		8-DIGIT INSTITUTION CODE*	
DESIRED CERT/DEGREE/DIPLOMA	ENROLLED IN GRADUATE STUDIES? _____ YES _____ NO	EXPECTED COMPLETION (MONTH/YEAR)	
FALL UNITS	WINTER UNITS	SPRING UNITS	SUMMER UNITS
AMOUNT OF VA BENEFITS RECEIVED PER TERM \$ _____	IF I AM ELIGIBLE FOR THE CAL GRANT, WHICH AWARD DO YOU PREFER? _____ CNG EAAP BENEFITS OR _____ CAL GRANT BENEFITS		ATTENDING DISCRETIONARY SUMMER TERM? _____ YES _____ NO

\*The list of eligible institutions and their school codes can be found at the California Student Aid Commission web site [http://sandbox.csac.ca.gov/internet/Institution\\_Search.asp?mode=retrieve](http://sandbox.csac.ca.gov/internet/Institution_Search.asp?mode=retrieve).

I, the undersigned, acknowledge that I have read the Statement of Understanding. I understand all obligations, responsibilities, and standards set forth.

PRINT NAME (LAST, FIRST M.)		LAST 4 SSN
CONTACT PHONE	CONTACT E-MAIL	
SIGNATURE		DATE

**TO BE COMPLETED BY THE UNIT COMMANDER**

By my signature, I am certifying the individual identified above is an active member in the California National Guard, State Military Reserve, or Naval Militia.

PRINT NAME	RANK	UNIT
SIGNATURE		DATE